## CITY OF GREENVILLE INDIVIDUAL APPLICATION FOR MONTHLY PARKING LIBERTY SQUARE PARKING GARAGE

NAME			BUSINESS NAME_			
номе	(PLEASE PRIN	T OR TYPE)	DUGDIEGG	(PLEASE PRINT OR TYPE)		
HOME ADDRESS			BUSINESS ADDRESS			
TODKESS	(NUMBER AND STREET)			(NUMBER AND STREET)		
CITY	STATE	ZIP	CITY	STATE	ZIP	
HOME PHONE		BUSINESS PHONE	DL	NO		
outstanding balance		card will be disabled. Once	ore the first day of each month. If the card is disabled the daily parking		of the month, a late fee totaling 10% of the er to exit the facility and will	
		s parking facility only. The C king privileges at all city parl		EXCEPTIONS. Unauthorize	zed use of the card by other persons will result	
There is a \$69.70 per charges are paid in	er Card deposit due, in full and the Card is ret	advance and refundable, with	hout interest, upon surrender of you an the 5th day of the month. If tag i	ur valid Card. (The deposit wi s not returned by the 5 <sup>th</sup> day of	Il be returned in full provided that all monthly f the month, you will owe for that month.)	
Loss of a valid mont	thly Card results in a re	eplacement fee of \$25.00 per	Card.			
NO REFUNDS sh	all be given for parking	g fees.				
			d by the City. Regular business how without their Card will be required to		ough Friday, 7:00 a.m. to 6:00 p.m. Thi s	
The City of Greenvi	lle reserves the right to	cancel this agreement, at its	s discretion, given a thirty (30) day	written notice.		
The City reserves th	e right to increase park	king fees after giving a thirty	(30) day written notice.			
Make checks payab 488, Greenville, SC		ENVILLE", please put Card	d number and facility name on your	check and mail to City of Gre	eenville, Parking Services Division, P.O. Box	
			ned by the City. Regular business ge without the AVI tag will be re-		through Friday, 7:00a.m. to 6:00p.m. This als daily rate.	
The City shall not be and all claims which		s, damage to property or po	ersonal injury as a result of park	ing at the above location. Th	ne undersigned relieves the City from any	
	this parking building lo Greenville Police Depa		without notifying the Parking Servi	ces Division, is subject to bein	ng towed at the owner=s expense at the d	
The City shall not and all claims whi		s, damage to property or p	ersonal injury as a result of park	ing at the above location. T	he undersigned relieves the City from any	
SMOKING IS PRO	HIBITED, BY CITY OF	RDINANCE, IN STAIRWELL	S AND ELEVATORS AT ALL TIM	<u>ES</u> .		
Primary vehicle information:			Secondary ve	Secondary vehicle information:		
Year	_ Make/Model:					
State:	Tag#		State:	Tag #		
Color:			Color:			
I have read and	understand the a	above application and	agree to abide by all rules o	and regulations of said	application.	
SIGNATURE OF A	IPPLICANT		DATE			
NOTIFY THE	PARKING DIVI	ISION AT 467-4900, V	WHEN CHANGES IN VE	HICLE(S) OR ADDR	ESS INFORMATION OCCURS.	
OFFICE USE O			Issuad Ry			

Revised April 6, 2010